

Revision: HCFA-PM-91- (BPD)
1991

ATTACHMENT 3.1-A
Page 1
OMB No.: 0938-

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

Provided: ☒ No limitations ☐ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: ☒ No limitations ☐ With limitations*

3. Other laboratory and x-ray services.

Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 95-013
Supersedes
TN No. 93-004

Approval Date 10/03/95

Effective Date 7/1/95

HCFA ID: 7986E

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

1. The North Dakota Medicaid Program will limit the number of inpatient psychiatric days to no more than 21 days for each inpatient psychiatric stay in a distinct part psychiatric unit of a general hospital. This limit does not apply to individuals for which the Medicaid Program is obligated to pay for all diagnostic and treatment because they are eligible for the EPSDT program.

The North Dakota Medicaid Program will limit the number of inpatient rehabilitation days to no more than 30 days for each inpatient rehabilitation stay in a distinct part rehabilitation unit of a general hospital. This limit does not apply to individuals for which the Medicaid Program is obligated to pay for all diagnostic and treatment because they are eligible for the EPSDT program.

TN No. 95-013

Supersedes

TN. No. New

Approval Date 11/03/95

Effective Date 7/1/95

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
Provided: X No limitations___ With limitations*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- 4.c. Family planning services and supplies for individuals of child-bearing age.
Provided: X No limitations___ With limitations*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
Provided: ___ No limitations X With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
Provided: X No limitations___ With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
Provided: X No limitations___ With limitations*

* Description provided on attachment.

TN No. 94-013
Supersedes 93-004 Approval Date 09/20/94 Effective Date 04/01/94

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

- 4.b. The state meets the requirements in Section 1905(r) of the Act and will provide all medically necessary diagnostic and treatment services even if the services are not included in the State Plan. The non-plan services are listed below.

The following services are provided for individuals eligible for the EPSDT program: Other Practitioners' Services, Christian Science Nurses, Christian Science Sanitoriums, Personal Care Services, Respiratory Care Services.

The following organ transplant services are covered: Bone marrow, cornea, heart, kidneys, liver, lungs, pancreas, and combination transplants including heart/lung and pancreas/liver.

The state assures that any limits on services or treatments found in the plan are not applicable to EPSDT recipients unless it is based on medically necessary and utilization control criteria.

- 5.a. Physician services. We limit enrollment to physicians meeting the requirements contained in 4752(e) of OBRA 1990 for physician services provided on or after January 1, 1992 to children and pregnant women.

Payment for abortions will be limited to those abortions where payment is necessary to comply with the March 15, 1995 Order of the United States District Court in Fargo Women's Health Organization, Inc., v. Henry C. Wessman, Civil No. A3-94-36. The court order is based on the court's decision that the current Hyde Amendment language requires State Medicaid Programs to pay for abortions to save the life of the mother or that are a result of an act of rape or incest.

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

X Provided: No limitations X With limitations*
 Not provided.

c. Chiropractors' services.

X Provided: No limitations X With limitations*
 Not provided.

d. Other practitioners' services.

X Provided: Identified on attached sheet with description of
limitations, if any.
 Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in
the area.

Provided: No limitations X With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations X With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

Provided: No limitations X With limitations*

STATE: NORTH DAKOTA

Attachment to Page 3 of
Attachment 3.1-A

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Service

- 6.b. Individuals 21 years of age and older are limited to one refractive examination no more often than two years after the initial examination paid under Medicaid unless more frequent examinations are prior approved as medically necessary by the department's optometric consultant. The same will apply to subsequent examinations in relation to a two-year cycle following an examination.

Individuals under 21 years of age are limited to one refractive examination no more often than one year after the initial examination paid under Medicaid unless more frequent examinations are prior approved as medically necessary by the department's optometric consultant. The same will apply to subsequent examinations in relation to a one-year cycle following an examination.

- 6.c. Chiropractic services. Effective August 1, 2000, the North Dakota Medicaid program will limit the number of spinal manipulation treatment services to no more than twenty-four treatments and eight radiologic examinations per recipient per year unless the provider requests and receives prior authorization from the department.

- 6.d. Other practitioner's services. Effective April 1, 1992 the department shall provide for services provided by licensed psychologists.

7. Home Health Services

Payment for Home Health Care Services will be limited to no more, on a monthly basis, to the most intensive level of nursing care in the most expensive nursing facility in the state after subtracting the cost of medical and remedial services furnished the recipient except for physician services and prescribed drugs.

The limit may be exceeded in unusual or complex cases. Prior authorization must be obtained from the Medical Services Division before the limit can be exceeded.

TN No. 00-012

Supersedes

TN No. 99-012

Approval Date 08/08/00 Effective Date 08/01/00

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

8. Private duty nursing services.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

*Description provided on attachment.

TN No. 93-012

Supersedes

TN No. 93-004

Approval Date 09/24/99

Effective Date 04/01/99

HCFA ID: 7986E

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or
audiologist).

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

*Description provided on attachment.

TN No. 86-4
Supersedes
TN No. 78-07

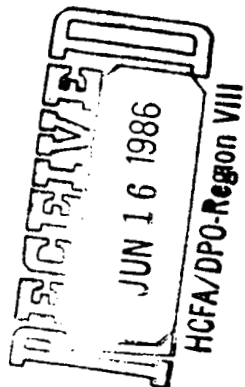
Approval Date

6/25/86

Effective Date

4/1/86

HCFA ID: 0069P/0002P



STATE: North Dakota

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Service

10. For dental services provided on or after April 15, 1990, the department will no longer pay for the following dental services by indicated coding except that we will honor any Prior Treatment Authorization Request Form that has been approved prior to April 15, 1990, for any of the services that are being discontinued.

<u>Procedure(s)</u>	<u>Code(s)</u>
1. Certain Radiograph Procedures	D0250-D0260 and D0290-D0231 and D0340
2. Tests and Laboratory Exams	D0410-D0499
3. Silicate Cement Procedure	D2210
4. Inlay Restorations	D2510-D2530
5. Single Crowns for Posterior Teeth, Replace Single Crowns with Stainless Steel Crowns	D2720-D2721, D2790-D2792
6. Indirect Pulp Cap	D3120
7. Root Canal Therapy for Teeth with 3 or 4 Canals for Recipients Over the Age of 18	D3330-D3350
8. Periapical and Other Endodontic Procedures	D3410-D3960
9. Periodontic Surgical Procedures	D4210-D4272
10. Provisional Splinting and Dressing Change Procedures	D4320-D4321 and D4920
11. High Noble Cast Base Partial Dentures	D5215-D5216
12. Adjustment to Dentures. Generally, this is a service provided free of charge.	D5410-D5422
13. Temporary Complete Dentures	D5810-D5811

INITIAL NO. 90-08

Date Approved 5/30/90

Effective Date 4/15/90

Supersedes Transmittal 87-3

STATE: North Dakota

10. (Continued).

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 14. Precision Attachments | D5862 |
| 15. Implant Procedures | D5971-D5976 |
| 16. Treatment Prostheses | D5982-D5986 |
| 17. Fixed Bridgework in Posterior Portion of the Mouth. Missing single teeth will no longer be restored by either fixed bridgework or partial dentures in that portion of the mouth. | D6210-D6211, D6250-D6252, D6520-D6540, D6720-D6722, D6780-D6792 |
| 18. Most Other Fixed Prosthetic Services | D6940-D6971, D6980 |
| 19. Tooth Implantation and Transplantation Procedures | D7271-D7272 |
| 20. Orthodontic Comprehensive Treatment. Payments will continue for care approved prior to April 15, 1990. | D8460-D8580, W5310-W8581 |

The department will not pay for the removal of third molars for non-symptomatic reasons. Full and partial dentures must be repaired, relined or rebased rather than replaced whenever possible. Fees will be increased in this area to encourage the use of these procedures. Payment will not be made to restore single missing teeth in the posterior portion of the mouth by either fixed bridgework or partial dentures. Also, no payment will be made for composite restorations for posterior teeth.

Effective August 15, 1991, the department will no longer pay for sterile trays. The department has also set limitations on the following denture codes 05000-05899 - Replacements every five years; Reline/Rebase immediate/emergency one per year; and Reline/Rebase other - every two years.

91-07
Approved 10/1/91
Effective Date 8/15/91
Supersedes Transmittal 90-08